



## APPLICATION FORM

Photo

### Select Programme

Half Day

¾ Day

Full Day

Start Date \_\_\_\_\_

### CHILD'S PARTICULARS

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School preferred name \_\_\_\_\_ Gender Male  Female

Date of Birth \_\_\_\_\_ Place/Country of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Nationality \_\_\_\_\_

### PARENTS PARTICULARS

#### Father/Guardian

Name \_\_\_\_\_ Last Name \_\_\_\_\_

ID/Passport No \_\_\_\_\_ Nationality \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Home Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship with the child \_\_\_\_\_

## Mother/Guardian

Name\_\_\_\_\_ Last Name\_\_\_\_\_

ID/Passport No\_\_\_\_\_ Nationality\_\_\_\_\_

Employer Name\_\_\_\_\_ Occupation\_\_\_\_\_

Work Address\_\_\_\_\_ Home Address\_\_\_\_\_

Telephone: (Home)\_\_\_\_\_ (Office)\_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship with the child\_\_\_\_\_

## AUTHORIZED PERSON(S) TO FETCH CHILD

I authorize the following persons to fetch my child at the end of program session. I will notify the school in advance if there is a change in authorized persons.

### Authorized Person 1

Full Name\_\_\_\_\_

Relationship\_\_\_\_\_

ID No \_\_\_\_\_

### Authorized Person 2

Full Name\_\_\_\_\_

Relationship\_\_\_\_\_

ID No \_\_\_\_\_

### Authorized Person 3

Full Name\_\_\_\_\_

Relationship\_\_\_\_\_

ID No \_\_\_\_\_

### Authorized Person 4

Full Name\_\_\_\_\_

Relationship\_\_\_\_\_

ID No \_\_\_\_\_

## Getting to know your child.

- Who does your child live with? \_\_\_\_\_
- Name and age of siblings\_\_\_\_\_
- What language(s) does your child speak at home?\_\_\_\_\_
- What are her/his special interests? \_\_\_\_\_
- Does he/she enjoy outdoor activities? \_\_\_\_\_
- Please provide details of his/her favorite toys/objects\_\_\_\_\_

- Do you give your child screen time regularly? If yes, kindly state the nature of the programmes \_\_\_\_\_
- How are your child's sleep patterns? \_\_\_\_\_
- Does your child have any fears, and if so, what might they be? e.g. thunder, darkness, insects etc.? \_\_\_\_\_
- Does your child have any special needs? If yes, please specify \_\_\_\_\_  
\_\_\_\_\_

### Your Child's Eating Habits

- Does your child feed himself/herself? \_\_\_\_\_
- Does he/she have meals at the table with other family members? \_\_\_\_\_
- Does your child have favorite foods or a special diet? \_\_\_\_\_
- Would you classify your child as a good/ average/ poor eater? \_\_\_\_\_
- What word does he/she use for water? \_\_\_\_\_

### Your child's Toilet Habits

- Is your child fully toilet trained or still at an introductory stage? \_\_\_\_\_
- What word does she use for peeing? \_\_\_\_\_ and pooing? \_\_\_\_\_

### Other information

- Previous school or daycare \_\_\_\_\_
- What do you know about our school philosophy and teaching approach?  
\_\_\_\_\_  
\_\_\_\_\_
- Would you be interested in having your child participate in bible studies?  
YES  NO   
**(Your choice will not impact your child's admission)**
- Would you like your child to take part in field trips? YES  NO
- Name two extra activities e.g. swimming, music etc. that you would like the school to incorporate in its curriculum \_\_\_\_\_

**Any special circumstances that may affect your child's emotional state, or behavior and adaption at school such as mum's pregnancy, arrival of a new sibling, re location or any experience that may be considered significant or traumatic. Any additional information that you feel would be helpful in us getting to know your child better?**

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### **Application Checklist**

- Child's passport photo
- Immunization card
- Copy of Medical Aid
- Full Birth Certificate
- Copies of Parents/Guardian IDs
- Copies of Authorized Persons to pick the child IDs.
- Completed Health Questioner

### **Parents Signature**

Father/Guardian \_\_\_\_\_

Date\_\_\_\_\_

Mother/Guardian\_\_\_\_\_

Date\_\_\_\_\_